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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	LA-7196-128
	First Inventor	Wen-Hua LIN
	Title	EMBEDDED SYSTEM PROGRAM CODE REDUCTION METHOD AND SYSTEM
	Express Mail Label No.	EV323597491US

19704 US PRO  
10/660029

09/11/03

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification      [Total Pages] <b>12</b></p> <p style="margin-left: 20px;">(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)      [Total Sheets] <b>3</b></p> <p>5. Oath or Declaration      [Total Sheets] <b>2</b></p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>		
<b>ACCOMPANYING APPLICATION PARTS</b>		
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement      <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449      <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

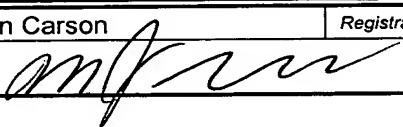
 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

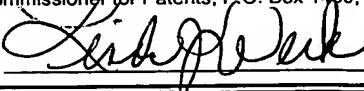
<input checked="" type="checkbox"/> Customer Number:	000167		OR	<input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State	Zip Code			
Country	Telephone			Fax	

Name (Print/Type)	M. John Carson	Registration No. (Attorney/Agent)	25,090
Signature			Date
			September 11, 2003

**Utility Patent Application Transmittal**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV323597491US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 11, 2003

Signature:  (Linda J. Werk)

17581 U.S. PTO  
09/11/03

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 750.00)

### Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Wen-Hua LIN
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	LA-7196-128

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number 50-0337

Deposit Account Name Fulbright & Jaworski L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

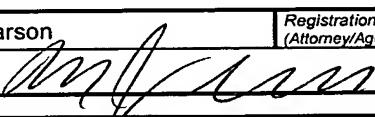
### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																												
1001	750	2001	375																												
1002	330	2002	165																												
1003	520	2003	260																												
1004	750	2004	375																												
1005	160	2005	80																												
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>750.00</b>																												
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Extra Claims</th> <th style="text-align: center;">Fee from below</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <td style="text-align: center;">-20** =</td> <td style="text-align: right;">0.00</td> </tr> <tr> <th>Independent Claims</th> <td style="text-align: center;">-3** =</td> <td style="text-align: right;">0.00</td> </tr> <tr> <th>Multiple Dependent</th> <td></td> <td style="text-align: right;">0.00</td> </tr> </thead> <tbody> <tr> <td>9</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>2</td> <td></td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>				Extra Claims	Fee from below	Fee Paid	Total Claims	-20** =	0.00	Independent Claims	-3** =	0.00	Multiple Dependent		0.00	9		0.00	2		0.00										
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<p>*Reduced by Basic Filing Fee Paid</p>																															
<p><b>SUBTOTAL (3)</b> <b>(\$)</b></p>																															

SUBMITTED BY

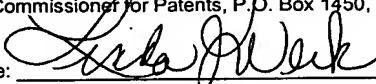
(Complete if applicable)

Name (Print/Type)	M. John Carson	Registration No. (Attorney/Agent)	25,090	Telephone	(213) 892-9225
Signature				Date	September 11, 2003

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